

SEWAGE SYSTEM EZ-PERMIT FORM

Date _____
Applicant or Contact Person _____
Phone Number (Daytime) _____ Fax # _____
Mailing Address _____

FACILITY ADDRESS _____

NEW OR REPLACEMENT _____

LOT SIZE _____ NUMBER OF BEDROOMS _____

IF KNOWN;

A. TAX KEY # _____

B. LEGAL DESCRIPTION _____

C. HAS PLATTING EXEMPTION BEEN OBTAINED? _____

D. WHEN WAS PROPERTY SPLIT OR PLATTED INTO THE SIZE IT IS NOW? _____

SKETCH OF PROPOSAL - SHOW IN SPACE BELOW

☐ LOT DIMENSIONS

☐ HOUSE

☐ ALL WATER WELLS

☐ OTHER STRUCTURES, CONCRETE DRIVES, TREES, SWIMMING
POOLS, ETC.

☐ FLOOD PLAIN, PONDS, CREEKS

I hereby submit this application for a sewage facility and certify the above information to be factual and true. I further certify that if the application is approved, the sewage facility well be constructed and operated with the approved plans, the requirements of the Health Officer and with all applicable laws, sanitary codes and regulations of Sedgwick County adopted or authorized by resolution of the Board of County Commissioners and with all applicable laws and regulations of the State of Kansas, that the Health Officer will be called for final inspection, that a building permit will be obtained, and that I will eliminate such facility and make connection to a public sanitary sewer when available.

SIGNED: OWNER _____